

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031407

Entity Name: 1ST COMMERCIAL, LLC

FILED  
Feb 23, 2009  
Secretary of State

## Current Principal Place of Business:

14706 OSPREY POINT DRIVE  
FORT MYERS, FL 33908 US

## New Principal Place of Business:

13850 TREELINE AVE SOUTH  
SUITE 4  
FORT MYERS, FL 33913 US

## Current Mailing Address:

14706 OSPREY POINT DRIVE  
FORT MYERS, FL 33908 US

## New Mailing Address:

13850 TREELINE AVE SOUTH  
SUITE 4  
FORT MYERS, FL 33913 US

FEI Number: 36-4629483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

STRONG, KENNETH T  
1916 BOLADO PKWY  
CAPE CORAL, FL 33990 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MESSONNIER, GERALD  
Address: 13850 TREELINE AVE SOUTH - STE 4  
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGRM ( ) Delete  
Name: JOHNSTON, ROBERT  
Address: 13850 TREELINE AVE SOUTH - STE 4  
City-St-Zip: FORT MYERS, FL 33913 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GERALD MESSONNIER

MGRM

02/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date